CHANGE OF ADDRESS FORM

NAME:		LICENSE#:
(Last) (First) By law, you must keep this office apprised of any and	(Middle) all address changes.	(Suffix) If not working as a podiatrist, check here □
PREFERRED MAILING ADDRESS (Required):		HOME ADDRESS:
(This address is public information, except phone & email)		☐ Check here if same as preferred mailing address
	_ Address 1	
	_ Address 2	
	_City, State, Zip, County	
	Phone	
	_ Email	
MAIN WORK ADDRESS: ☐ Check here if same as preferred mailing address		Enter average weekly on call hours for ALL locations:
Address 1	-	List AVERAGE HOURS worked per week (not on call) at this location:
Address 2	-	Direct Patient Care: Administration: Formal Teaching:
City, State, Zip, County	-	Research:
Phone Fax	-	Other Podiatric Activities:
Email	-	
SECOND WORK ADDRESS:		List AVERAGE HOURS worked per week (not on call) at this location:
Address 1	_	Direct Patient Care: Administration:
Address 2	-	Formal Teaching: Research:
City, State, Zip, County	-	Other Podiatric Activities:
Phone	-	
THIRD WORK ADDRESS:		List AVERAGE HOURS worked per week (not on call) at this location:
Address 1	-	Direct Patient Care: Administration: Formal Teaching:
Address 2	_	Research:
City, State, Zip, County	-	Other Podiatric Activities:
Phone	-	
If you work in more than three locations, check here		for your primary and secondary SPECIALTY from the list on the ge. Primary Specialty: Secondary Specialty:
		

RETURN FORM TO:

PODIATRIST'S ORIGINAL SIGNATURE:____

West Virginia Board of Medicine 101 Dee Drive, Suite 103 Charleston, WV 25311 DATE:____

PODIATRIC SPECIALTY CODES

FOR Foot Orthopedics, or Biomechanics

GP General Practice

PD Podiatric Dermatology

PGR Podogeriatrics PPD Podopediatrics ROE Roentgenology

S Surgery

OS Other Specialty NS No Specialty